|                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INTERPORT OF LITTLE                  |                                   |                                          |  |  |  |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|------------------------------------------|--|--|--|
|                                                                                    | COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                                   | OFGS FILE NO.<br>IR-1641 (2-1929)        |  |  |  |
|                                                                                    | As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                   |                                          |  |  |  |
| MOSFET WITH REDUCED THRESHOLD VOLTAGE AND ON RESISTANCE AND PROFOR ITS MANUFACTURE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   |                                          |  |  |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | 4.                                | ***                                      |  |  |  |
|                                                                                    | the specification of which is attached hereto, unless the following box is checked:  was filed on as United States patent Application Number or PCT International patent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                   |                                          |  |  |  |
|                                                                                    | application number and was amended on (if any).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   |                                          |  |  |  |
|                                                                                    | I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulation I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing the claims, as amended by any foreign application for patent or inventor's certificate or United States provisional application on which priority is claimed:                                                                                                                                                                                                                                                                                                                          |                                      |                                   |                                          |  |  |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   |                                          |  |  |  |
|                                                                                    | Prior Foreign or Provisional Applica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | tion(s)                              |                                   |                                          |  |  |  |
| 355                                                                                | COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | APPLICATION NUMBER                   | DATE OF FILING (day, month, year) | PRIORITY CLAIMED<br>UNDER 35 U.S.C. 119  |  |  |  |
| 1                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   | YES NO                                   |  |  |  |
| 10.00                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   | YES NO                                   |  |  |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   | YES NO                                   |  |  |  |
| 1 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                            | I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                      |                                   |                                          |  |  |  |
| 100                                                                                | UNITED STATES APPLICATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE OF FILING<br>(day, month, year) |                                   | STATUS<br>(patented, pending, abandoned) |  |  |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   | and a penalis, abandonea,                |  |  |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   |                                          |  |  |  |
| =                                                                                  | · .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                      |                                   |                                          |  |  |  |
|                                                                                    | I hereby appoint customer no. 2352 OSTROLENK, FABER, GERB & SOFFEN, LLP, and the members of the firm, Samuel H. Weiner - Rej. No. 18,510; Jerome M. Berliner - Reg. No. 18,653; Robert C. Faber - Reg. No. 24,322; Edward A. Meilman - Reg. No. 24,735; Stanley H. Lieberstein - Reg. No. 22,400; Steven I. Weisburd - Reg. No. 27,409; Max Moskowitz - Reg. No. 30,576; Stephen A. Soffen - Reg. No. 31,063. 31,643, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.  SEND CORRESPONDENCE TO:  OSTROLENK, FABER, GERB & SOFFEN, LLP  1180 AVENUE OF THE AMERICAS  NEW YORK, NEW YORK 10036-8403  CUSTOMER NO. 2352  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine the application or any patent issued thereon. |                                      |                                   |                                          |  |  |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   |                                          |  |  |  |
|                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                   |                                          |  |  |  |
|                                                                                    | FULL NAME OF SOLE OR FIRST INVENT<br>Thomas Herman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nomas Herman                         |                                   |                                          |  |  |  |
|                                                                                    | RESIDENCE (City and either State or Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | preign Country)                      |                                   | //- 0 /- 8  <br>OF CITIZENSHIP           |  |  |  |
|                                                                                    | Manhattan Beach,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | California 90266                     | U.S.                              |                                          |  |  |  |
|                                                                                    | POST OFFICE ADDRESS 3113 Palm Avenue,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Manhattan Beach, Ca                  | lifornia 90266                    |                                          |  |  |  |

| UNIT<br>COMBINED DECLARATION AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                          | OFGS FILE NO.                 |                                      |               |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|--------------------------------------|---------------|--|--|--|
| COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COUNTRY APPLICATION NUMBER |                               | DATE OF FILING<br>(day, month, year) |               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                               |                                      | YES NO        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                               |                                      | YES NO        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                               |                                      | YES NO        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                               |                                      | YES NO        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                               |                                      | YES NO        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                               |                                      | YES NO        |  |  |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                            |                               |                                      |               |  |  |  |
| FULL NAME OF FOURTH JOINT INVENTO<br>Harold Davis                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INVENTOR'S STENATURE       |                               | DATE //-05-0/                        |               |  |  |  |
| RESIDENCE (City and either State or Fo. San Diego, Califor                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | COUNTRY OF CITIZENSHIP U.S.A. |                                      |               |  |  |  |
| POST OFFICE ADDRESS<br>3911 Dove Street, No. 305, San Diego, California 92103                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                               |                                      |               |  |  |  |
| full name of fifth joint inventor.  Kyle Spring                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IF ANY                     | INVENTOR'S SIGNATURE          | /                                    | DATE (1-5-0 ( |  |  |  |
| RESIDENCE (City and either State or Foreign Country)  COUNTRY OF CITIZENSHIP  CS.A.                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                               |                                      |               |  |  |  |
| POST OFFICE ADDRESS<br>32094 Cortecarmona, Temecula, California 92592                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                               |                                      |               |  |  |  |
| FULL NAME OF SIXTH JOINT INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | INVENTOR'S SIGNATURE       |                               | 11/5/e/                              |               |  |  |  |
| RESIDENCE (City and either State or Fo.<br>Temecula, Californ                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            | COUNTRY<br>PR C               | of CITIZENSHIP                       |               |  |  |  |
| POST OFFICE ADDRESS<br>43262 Calle Mataro, Temecula, California 92592                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                               |                                      |               |  |  |  |

SUBSCRIBED AND SWORN TO BEFORE ME

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BETTY C. NIEVAR
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COMM. NO. 1201344
RIVERSIDE COUNTY
MY COMM. EXP. DEC. 8, 2002

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